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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000707 (1)

1. Corporation Name

TOWNCENTER AGENCY, INC.

Principal Place of Business

541 E MONROE STREET
JACKSONVILLE FL 32202

Mailing Address

2021 VELA NORTE CIR
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified
12/10/1992

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 800 Seminole Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 2021 VELA NORTE CIR
Suite, Apt. #, etc.

4. FEI Number
59-3158509

Applied For
Not Applicable

22 City & State
23 Atlantic Beach FL
24 Zip 32233
25 Country USA

27 City & State
28 ATLANTIC BEACH FL
29 Zip 32233
30 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAGAN, DON
2021 VELA NORTE CIR
ATLANTIC BEACH FL 32233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WATERS, DEZMOND
STREET ADDRESS 1835 SEMINOLE RD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

1.1 TITLE OFFICER (PRESIDENT) ☐ Change ☒ Addition
1.2 NAME DON FAGAN
1.3 STREET ADDRESS 2021 VELA NORTE CIRCLE
1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☒ DELETE
NAME LYNE, LESLIE
STREET ADDRESS 11173 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL 32248

2.1 TITLE OFFICER (SECRETARY/TREAS) ☐ Change ☒ Addition
2.2 NAME FLETCHER, JOANNA
2.3 STREET ADDRESS 804 EAST COAST DR
2.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☒ DELETE
NAME PETWAY-SEARS, BRETTE
STREET ADDRESS 311 8TH ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME DUNLAP, MICHAEL
3.3 STREET ADDRESS 1602 FIRST STREET
3.4 CITY-ST-ZIP NEPTUNE BEACH, FL 32266

TITLE D ☒ DELETE
NAME MESERVE, JOHN
STREET ADDRESS 2126 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ALMAND, SUE
4.3 STREET ADDRESS 51 OCEAN BREEZE DR.
4.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☐ DELETE
NAME MOORE, RICHARD
STREET ADDRESS 404 MARGARET ST
CITY-ST-ZIP NEPTUNE BEACH FL 32266

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME CARSON, LUREN
5.3 STREET ADDRESS C/O DON FAGAN 2021 VELA NORTE CIR.
5.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☒ DELETE
NAME PORTER, BRENDA
STREET ADDRESS 1882 OCEAN POND DR
CITY-ST-ZIP JACKSONVILLE FL 32250

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME JENKINS, POSEY
6.3 STREET ADDRESS 2119 BEACH AVE
6.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077199

CR2E037 (9/96)